

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26345**

FILED AUG 27 1951

BIRTH NO. _____ REG. DIST. NO. **52** PRIMARY REG. DIST. NO. **5181** Registrar's No. **66**

1. PLACE OF DEATH
 a. COUNTY **Cape Girardeau** **0160**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Apple Creek Twp.** **1**
 c. LENGTH OF STAY (In this place) **4 months**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Oak Ridge, Missouri**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Cape**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cape Girardeau** **0164**
 d. STREET ADDRESS (If rural, give location) **Cape Girardeau** **1**

3. NAME OF DECEASED
 a. (First) **Alma** b. (Middle) **M.** c. (Last) **Limbaugh**
4. DATE OF DEATH (Month) (Day) (Year) **August 7, 1951**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED.** **Widowed** **8. DATE OF BIRTH** **August 5, 1874** **9. AGE** (In years last birthday) **77** **IF UNDER 1 YEAR** Months **Days** **IF UNDER 24 HRS.** Hours **Min.**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** **10b. KIND OF BUSINESS OR INDUSTRY**
11. BIRTHPLACE (State or foreign country) **Burfordville, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.**

13a. FATHER'S NAME **James Wiseman** **13b. MOTHER'S MAIDEN NAME** **Francis Spivey** **14. NAME OF HUSBAND OR WIFE** **John Limbaugh**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Jess Limbaugh** **ADDRESS** **Oak Ridge, Mo.**

18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic Myocarditis**
INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____ **4222**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from **IMC**, 1951, to **July 28, 1951**, that I last saw the deceased alive on **7-28, 1951**, and that death occurred at **5:27 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **R D Blaylock M.D.** **23b. ADDRESS** **Oak Ridge Mo** **23c. DATE SIGNED** **10-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Aug. 9, 1951** **24c. NAME OF CEMETERY OR CREMATORY** **Memorial Park Cent.** **24d. LOCATION** (City, town, or county) (State) **Cape Girardeau, Mo.**

DATE REC'D BY LOCAL REG. **aug 21-51** **REGISTRAR'S SIGNATURE** **D. E. Scriber** **43** **25. FUNERAL DIRECTOR'S SIGNATURE** **Howard B. Harmon** **ADDRESS** **Cape Girardeau, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 27 1951

DISTRICT HEALTH OFFICE No.

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Howard B. Jones

Licensed Embalmer No. 4123

P. O. Address Capo Girardoux 7M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.